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2 Saboration	or form 1449B/PTO	Complete if Known			
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STATEMENT BY APPLICANT		First Named Inventor	Manger, lan D.		
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(use as many sheets as necessary)		Examiner Name			
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U.S. PATENT DOCUMENTS+					
		Document Number			
Examiner Initials*	Cite No. ¹	Number Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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